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From student nurse to nurse professional

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1

CHAPTER

General introduction and outline of
the thesis

Professionalization and professional identity development in nursing

Professionalization is by definition an important characteristic of a professional occupation and has been described in the literature in various ways (Ghadirian, Salsali & Cheraghi, 2014). The concept of professionalization, for example, has been regarded as the process of attaining the status of an independent profession (Evetts, 2014; Freidson, 1983); as the professional socialization of workplaces (Bisholt, 2011); and as 'the process by which an occupation develops the characteristics of a profession' (Hamilton, 1992, p. 32). In the past, the notion of a profession and professionalization was limited to doctors, lawyers and the clergy. However, increasing numbers of vocations have now been 'professionalized', including nursing (Guidotti, 2016; Keogh, 1997). In recent decades, nurses have attempted to develop into professionals with a great deal of knowledge, and they have achieved much in this respect, such as a higher educational level and the development of nursing theories, protocols and guidelines. Today, the focus of nursing activities is on evidence-based practice. Nursing has become an independent discipline and nurses are no longer in the service of physicians but, like the physician him/herself, in the service of the patient. The level of nursing education has increased and gained professional status as a result of the profound change from vocational training to higher education.

The relationship between such professionalization and the development of shared professional identities has been described in various studies (Evetts, 2014; Hughes, 1958). Thus, from a theoretical point of view, the professionalization of nurses is considered to strengthen their professional identity. Moreover, this development of a professional identity in nursing may be affected by numerous social interactions and environmental factors (Franco & Tavares, 2013; Tinkler, Smith, Yiannakou & Robinson, 2017; Workman & Pickard, 2008). Values and beliefs about nursing are essential components of nurses' professional identity, which begins to form in nurse education and continues through the practice of nursing (Cook, Gilmer & Bess, 2003; Deppoliti, 2008).

Therefore, to become a nurse professional, nursing students and newly graduated nurses must develop a professional identity, both during education and in clinical practice. The development of this professional identity in students is shaped through interactions with teachers and fellow students and through practical work during clinical placements. In nurses, the development of professional identity occurs through work experience and the associated contextual impacts, such as cognitive challenges and workplace relationships. Fagermoen (1997), for example, concluded that professional identity in nursing is about how nurses conceptualize what it means to act and be a nurse.

Interaction with other nurses and the sharing of experiences in a narrative and reflective way are important in this respect (Öhlén & Segesten, 1998). Through this interaction with other nurses, students and nurses learn about nursing and about themselves, while working as a nurse may also contribute to their personal growth and self-concept (Gregg & Magilvy, 2001). The study by Fagermoen (1997) also showed that working as a nurse maintains and enhances this self-concept, both as nurses and as individuals.

Thus, it seems apparent that the development of a professional identity is strongly related to the development of a personal identity. Moreover, both personal and professional identity must be conceptualized as a relationship with others, and not as something that exists within an individual (Bosma & Kunnen, 2001; Fagermoen, 1997; Gregg & Magilvy, 2001). Such identity development can be considered a lifelong process which mainly takes place in late adolescence and early adulthood (Kunnen, 2006), with the seeds of professional identity beginning to develop in nursing students (late adolescents) and young nurses (young adults), continuing throughout their education and careers (Johnson, Cowin, Wilson & Young, 2012). Good education and a challenging and safe work environment may be helpful to develop this professional identity and to obtain a stronger position in healthcare. It might also be hypothesized that the development of a professional identity is an indicator of the successful retention of both student and practising nurses in the profession.

However, the theoretical concepts related to the professionalization and professional identity development of nurses are not always in line with the realities of practice. Nurses are often confronted with situations that hamper their development. In practice, nurses are not always given the credit they deserve, due to the underestimation of the profession, among other reasons. Unfortunately, there are still many stereotypes about nurses that do not reflect the professionalization of nursing. This distorted image of the profession can be explained from a historical perspective.

Historical background: the image of nursing

The history of nursing has always been and will always be connected to developments and professional relationships in healthcare. Historically, nurses have found difficulties in distinguishing nursing from other healthcare professions (Deppoliti, 2008; Secrest, Norwood & Keatley, 2003; Willets & Clarke, 2014). Despite the view of Florence Nightingale, who saw nursing as an independent profession equal to the medical profession (Nightingale, 1969), nursing has for a long time been looked at in relationship with doctors. The dominance of the medical (mostly male) profession has had a strong influence on the role, the identity and the position of nurses (Aiken & Sloane, 1997; Gordon, 2005; Mills & Hallinan, 2009). In turn, nurses have been strongly aware of their subordination to the medical profession and, as a consequence, have experienced high levels of dissatisfaction with their professional status (Adamson, Kenny & Wilson-Barnett, 1995).

While nursing has become an independent discipline today, nurses are still working hard to have their professional status and an autonomous position formally acknowledged, especially in hospitals where it is increasingly common to work in multidisciplinary teams. Therefore, it is a great challenge for nurses to stand up for themselves and demonstrate what nursing really entails, because there is still a lack of knowledge about what nurses really do. The public does not always recognize the nurses' skills, and the quintessence of nursing work seems to be unclear (Gordon, 1996; Takase, Maude & Manias, 2006). The 'doctor's handmaiden', the 'ministering angel', the 'battle-axe matron' and the 'sex symbol' are some of the stereotypes that Bridges (1990) identified in a literature review on the images of the nurse and nursing.

The way the media portray nurses may give a clue to the origins of this distorted image (Hallam, 2002). Recent studies by Kalisch, Begeny and Neumann (2007) and Kelly, Fealy and Watson (2012) examined how nurses and nursing identities are constructed in internet video clips and on YouTube. They identified three types of nurses: the nurse as 'a skilled knower and doer', the nurse as 'a sexual plaything' and the nurse as 'a witless incompetent individual'. Nurses themselves experience a discrepancy between the public image and their own perception of nursing practice (Allen, 2007). As a consequence, the public image of nurses influences and undermines nurses' self-concept and professional identity (Takase, Kershaw & Burt, 2001; Tzeng, 2006). This distorted public image of nursing may also influence the recruitment of students and lead to lower nurse staffing levels and nursing shortages, because the perceptions and career aspirations of young people might have a concurrent impact on nurse recruitment (Brodie et al., 2004).

Thus, the expected global shortage of nurses provides another reason, if not increases the urgency, to improve the image of nursing and recruit new students and nurses for the profession. In this respect, the public image of nursing is, to a large extent, affected by the invisibility of nurses and the way they present themselves. Therefore, nurses need to raise public awareness about the various roles and opportunities nursing practice has to offer, also keeping the goal of recruiting students in mind. Becoming more visible and developing the ability to stand up for the profession is itself closely related to the development of professional identity and, subsequently, commitment to the profession (Nesje, 2017; Ruiller & Van Der Heijden, 2016). Therefore, the key goals of this thesis are to gain insight into the concepts of professionalization and the development of the professional identity of student nurses and young nursing professionals. Both the impact of theoretical education and experiences in clinical practice on identity development will be investigated.

Nurse education

In 1999, 29 Western European countries signed the Bologna Agreement, which included reforms in nursing education. The motivation for implementing the reforms in education was concordant in the various countries (Spitzer & Perrenoud, 2006a, 2006b). The first phase of reform was to create a unified European platform (harmonization) of solid preregistration programmes. The second phase dealt with integrating nursing programmes into higher education institutions (Spitzer & Perrenoud, 2006a, 2006b). One of the goals of the Bologna process, generally, is and remains the transparent and efficient development of professionals. As a result of this, the most visible change in nursing higher education was the adoption of Bachelor's, Master's and doctoral levels in nursing education (Collins & Hewer, 2014). The following categories of competence were established in nursing curricula: 1) professional values and nursing role, 2) nursing practice and clinical decision-making, 3) nursing skills, interventions and activities, 4) communication and interpersonal relationships, and 5) leadership, management and team abilities. These competences all include specialist knowledge, skills and attitudes that are defined in terms of learning outcomes in relation to generic competences (Collins & Hewer, 2014; Salminen et al., 2010). Bologna gave an important boost to the

scientific development of nursing.

In the Netherlands, healthcare education programmes changed when the Bologna agreement was concluded in 2002, as a result of which the nursing workforce has been transformed into a highly educated profession. A Bachelor's/Master's structure has been introduced and nursing students have confronted a profound change from vocational training to higher education. At this moment, 17 universities of applied sciences offer a four-year nursing education programme at the Bachelor's level; nine universities of applied sciences offer a Master's programme in Advanced Nursing Practice; and at one university, students can obtain a Master's degree in Nursing Science. The changes in educational programmes can be considered definitive for the recognition of the professional status of nursing and, as a consequence, the recruitment and retention of students and nurses.

The nursing workforce in the Netherlands not only consists of nurses with a Bachelor's of Nursing degree, but of nurses with a great variety of educational levels, such as in-service training, vocational training (MBO-V), a Bachelor's degree (HBO-V) or a Master's degree (MSc). In-service training, which no longer exists, was based on the apprenticeship model, meaning that nurses started working in practice from day one. In the 1970s, training programmes at the MBO-V and HBO-V levels were introduced, offering a combination of theoretical training and clinical placements. Today, nurse education programmes are at level 4 (MBO-V) and level 6 (HBO-V) of the European Qualifications Framework (EQF). Universities of applied sciences offer the broad Bachelor's of Nursing programmes on level 6 and must meet the Dublin Descriptors, which were adopted in 2004 as the Qualifications Framework of the European Higher Education Area. In this thesis, we focus on students enrolled in a Bachelor's of Nursing programme and on nurses with a Bachelor's degree in nursing.

Clinical practice

Internationally, the healthcare environment is growing increasingly complex, with changing healthcare demands. This is due, among other reasons, to an ageing patient population with high comorbidity, and the admission of sicker patients (Guarinoni, Motta, Petricci & Lancia, 2014; Rosenstein, Dinklin & Munro, 2014). Increasing technological developments make it possible to treat high-risk patients with greater needs. These changes all put high demands on the competences, skills and knowledge of nurses, especially on novice nurses with little experience. When newly graduated nurses start working in a clinical setting, they face stressful experiences that are related to heavy workloads, complex care situations and existential confrontations with severely ill patients. Moreover, novice nurses often experience a lack of the practical skills required.

This well-known ‘theory-practice gap’ is something most novices are confronted with during their transition from student nurse to nurse professional, and it is widely addressed in the international literature (Ajani & Moez, 2011; Clark & Holmes, 2007; Duchscher & Cowin, 2004). The theory-practice gap has been formulated as the dissociation of theoretical knowledge from the practical dimensions of nursing (Factor, Matienzo & de Guzman, 2017; Scully, 2011). In practice, nurses learn to deal with immediate responsibilities, the appropriate manner, have mutual respect and work in collaboration. The gap between novice nurses’ theoretical knowledge, gained during education, and the reality of clinical practice, which places high demands on this knowledge and skills, is often associated with uncertainty, anxiety and stress and may eventually lead to burn-out and the intention to leave the profession (Higgins, Spencer & Kane, 2010; Teoh, Pua & Chan, 2013).

To overcome this ‘theory-practice gap’, novice nurses not only need to gain practical skills, but they also need to develop their professional identity to better play their new roles (Apker, Zabava Ford & Fox, 2003; Fagerberg & Kihlgren, 2001). Nurses can develop their professional identity by learning from clinical practice. One of the proven conditions for achieving this is that nurses reflect on the experiences they gain during the course of their profession (Benner, 1984). According to Benner, a nurse who has developed sufficient professional identity can tell a self-story and answer questions such as ‘Who am I as a nurse?’, ‘What kind of nurse do I want to be?’ or ‘Can I become the nurse I want to be in this hospital/work environment?’ This connection between professional identity development and commitment is an important issue, as they are both linked to work satisfaction and remaining in the profession (Liu, Chang & Wu, 2007; Nesje, 2017; Ruiller & Van Der Heijden, 2016).

Main reasons for this study and research questions

Image, career choice and professional identity

Image is part of every profession. It is the way that the profession appears to other disciplines and to the general public. The public image and perception of a profession may impact on its positioning among other professions, and the development of a professional identity. The public image of the nursing profession is still predominantly based on misconceptions and stereotypes (Gordon & Nelson, 2005; Price, McGillis Hal, Angus & Peter, 2013). As suggested above, these misconceptions are largely based on media portrayals of nursing and can influence the recruitment of student nurses (Brodie et al., 2004; Weaver, Salamonson, Koch, & Jackson, 2013). Public image may also influence the development of professional identity and the retention of nurses in the profession (Morris-Thompson, Shepherd, Plata & Marks-Maran, 2011; Takase et al., 2006).

In relation to this issue of the distorted image of nursing, **Chapter 2** will address the first research questions of this thesis:

- What is the current public image of nursing?
- How does this image influence the development of nurses' professional identity?

Recruitment and retention of students

In the Netherlands, thousands of students start their Bachelor's programme in nursing at universities of applied sciences annually. After a decline in recent years, the number of enrolments increased to 5,374 students in 2016. At the same time, the universities are confronted with high drop-out rates. While this figure decreased from 18.2% in 2011 to 12.2% in 2016 (the Netherlands Association of Universities of Applied Sciences, 2017), this still means that several hundred student nurses do not manage or want to complete their programme.

Furthermore, only 58.4% succeed in obtaining a diploma within the stipulated four-year programme period. The findings of the studies presented in **Chapters 3, 4 and 5** of this thesis provide insight into student nurses' experiences with the educational programme and clinical placements, with the aim of enhancing study success and completion of the programme.

A cross-sectional study was performed among students in a Bachelor's of Nursing programme at four universities of applied sciences in the Netherlands. We used two widely accepted instruments, namely the Nursing Orientation Tool (Vanhanen, Hentinen & Janhonen, 1999) and the Nursing Attitude Questionnaire (Toth, Dobratz & Boni, 1998) to measure students' orientation and attitudes towards the nursing profession.

The main research questions related to students that will be answered in **Chapters 3, 4 and 5** are:

- Why do students choose a nursing career?
- What are their perceptions of nursing?
- How, when and why do these perceptions change?
- What are the reasons for attrition from and retention in nursing programmes?

Recruitment and retention of nurses

Retention of the nursing workforce, especially young nurses, is a major challenge globally. Turnover intentions are related to a diversity of job conditions and work environments, such as work pressure, stress at work and a negative work-life balance (Carter & Tourangeau, 2012; Unruh & Zhang, 2013). In 2016, 50% of nurses working in hospital settings in the Netherlands reported an intention to leave the profession (FNV/Zorg en Welzijn/Ziekenhuisbarometer, 2016). Most of these intentions were due to heavy workload (61%), a lack of time for their patients (35%) and negative work-life balance (35%).

The results of a survey of 750 nurses showed that nine out of ten believed that the intensity and complexity of care have increased over the past five years, and that they experience high levels of stress as a result of excessive workloads (venvn.nl/2017). According to these respondents, the work load is due to structural staff shortages. Moreover, the majority of these nurses (72%) reported a lack of understanding and support from their organization to deal with these issues. Of the respondents under the age of 35 ($n = 233$), 47% reported that they had considered leaving the profession due to high work pressure on several occasions. International studies showed that newly graduated nurses, especially, experience emotionally and cognitive challenging situations that influence their commitment to the profession and intention to leave or remain (Gardiner & Sheen, 2016; Thoresen, Kaplan, Barsky, Warren & de Chermont, 2003).

Professional commitment, in particular affective commitment, is one of the most important factors for retaining nurses in the profession (Gould & Fontenla, 2006; Parry, 2008; Teng, Lotus Shyu & Chang, 2007). Affective commitment reflects a sense of belonging; that is, a desire to maintain membership of the profession (Allen & Meyer, 1990; Meyer & Allen, 1991; Meyer, Allen & Smith, 1993). Understanding which positive and negative experiences novice nurses are confronted with at the beginning of their career and what is needed to improve the transition from student nurse to professional staff nurse may increase affective commitment and retention rates.

Therefore, the study reported on in Chapters 6 and 7 of this thesis explore novice nurses' initial experiences in the clinical setting and their link with emotions and commitment. This longitudinal diary study was performed among novice nurses working at different wards at a university medical centre in the Netherlands. Firstly, we used a qualitative approach with unstructured written diaries to give a voice to nurses and allow them to recount their lived experiences. Secondly, we analysed which factors, derived from the diaries, were related to their emotional state and affective commitment to the profession.

Chapters 6 and 7 answer the following research questions:

- Which positive and negative experiences are novice nurses confronted with at the beginning of their career?
- What is needed to improve their transition from student nurse to professional staff nurse?
- How do work experiences influence their emotional state and commitment to the profession?

Aims and outline of the thesis

This thesis aims to expand the understanding of nursing students' and novice nurses' professional identity development by addressing topics related to education and clinical practice. High-standard theoretical education is indispensable to prepare student nurses in the most optimal manner possible for a challenging work environment that places high demands on their knowledge and skills. When they start working as professionals

after graduation it is likely that these demands and their responsibilities will increase. Therefore, this thesis explores the experiences of both students and young nurse professionals during education and early clinical practice, and the influence of these experiences on their professional identity development.

Chapter 2 provides a state of the art on the global public image of the nursing profession and attempts to shed light on which factors influence the development of the professional identity of nurses.

Chapters 3, 4 and 5 present the results of a longitudinal study among student nurses enrolled in a Bachelor's of Nursing programme at four universities of applied sciences in the Netherlands. Student nurses' orientation and attitude towards nursing at the beginning of their education are explored using the Nursing Orientation Tool (Vanhanen, Hentinen & Janhonen, 1999) and the Nursing Attitude Questionnaire (Toth, Dobratz & Boni, 1998). In particular, **Chapter 3** describes the factors that predict nursing students' positive orientation and attitude towards nursing at the beginning of their education. **Chapter 4** discusses the longitudinal study results of students' changing orientation and attitudes during their first two years of education. **Chapter 5** reports, from a qualitative perspective, on why students choose a nursing career, what their conceptualization of nursing is, and which intrinsic and extrinsic factors affect their decision to leave or complete the course.

Chapters 6 and 7 focus on novice nurses' first work experiences in a clinical setting at a university medical centre in the Netherlands.

In particular, **Chapter 6** describes the results of a longitudinal diary study among novice nurses. The great variety of novice nurses' lived experiences are presented, with the intention of clarifying which experiences matter most to them. **Chapter 7** discusses which contextual, relational and cognitive factors, derived from the diaries, are related to novice nurses' emotional state and affective commitment to the profession.

Chapter 8 presents a general discussion of the study results and reflects on the practical implications. In addition, an overview of the main strengths and limitations of the studies will be provided, as well as directions for future research.

The outline and structure of the thesis is depicted in **Figure 1**.

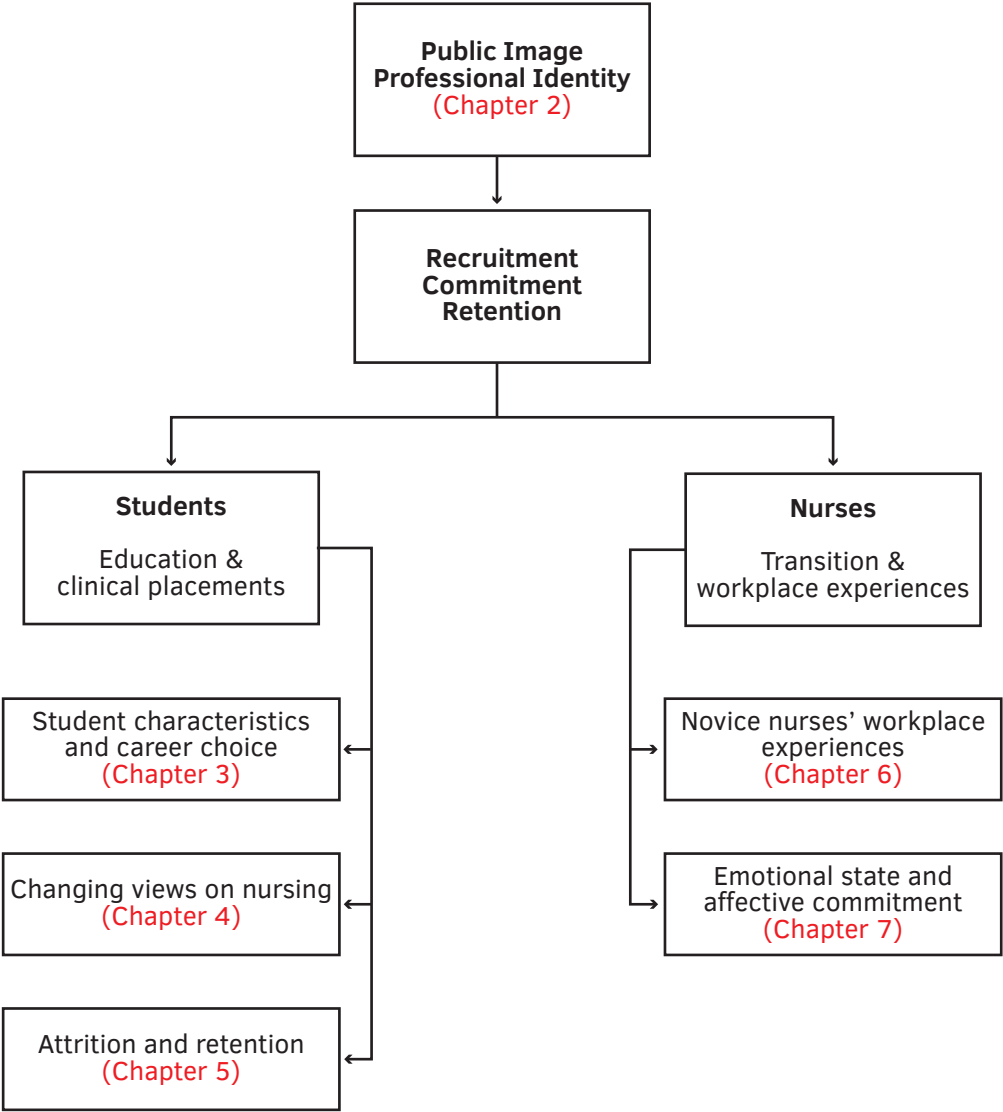


Figure 1 - Outline and structure of the thesis

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